

Registered pharmacy inspection report

Pharmacy Name: Blackstone Pharmacy, 43 Coventry Street,
BRADFORD, West Yorkshire, BD4 7HX

Pharmacy reference: 1039427

Type of pharmacy: Community

Date of inspection: 16/03/2022

Pharmacy context

The pharmacy is in a residential area in the suburbs of Bradford. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not have an adequately robust process for managing the storage of its medicines and for checking expiry dates. And there is evidence of out-of-date medicines on the shelves. The pharmacy does not always keep its medicines in the original packs. Or adequately secure some medicines from unauthorised access. So, there is a risk the pharmacy may supply medicines that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages risks to its services. Pharmacy team members mostly record and discuss mistakes they make. And they learn from these to reduce the risks of similar mistakes. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. The pharmacy has documented procedures it needs relevant to its services. But some team members do not always read these in a timely manner. So, they may not always be clear about the safest and most effective ways to carry out their role.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the SOPs in 2018. And he was due to review the SOPs in 2020. But he had not completed the review. He explained the pressures of the pandemic had caused a delay to the review. The SI was currently reviewing the SOPs and migrating them to an electronic system. Some pharmacy team members had signed to confirm they had read and understood the procedures in 2018. The pharmacy had two new team members who had started working at the pharmacy in the last two months as trainee dispensers. Neither of these team members had read the pharmacy's documented procedures. When the inspector arrived at the pharmacy, there was no pharmacist present. During the pharmacist's absence, one trainee was seen preparing to hand out a bag of assembled and checked medicines to someone until a qualified dispenser intervened and asked the person to call back later. One trainee was asked about what they could and could not do in the absence of a responsible pharmacist. They were unsure about their responsibilities in that situation. Pharmacy team members were not routinely wearing a face covering while they worked to help prevent the spread of Covid-19. This was discussed. They were regularly cleaning and sanitising their hands. And cleaning chairs and surfaces in the pharmacy regularly.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as amlodipine and amitriptyline, to help prevent the wrong medicines being selected. The superintendent pharmacist (SI) analysed the data collected every month to look for patterns. He discussed any patterns found with the team. Records of near miss errors were available. But pharmacy team members had made few entries compared to the volume of dispensing they were completing. This was discussed. And the SI confirmed it was likely that some errors had not been recorded. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services. During the inspection, the pharmacy did not have any records of dispensing errors that had been provided to people. The SI explained the pharmacy had not made any errors that had been handed out to people. So, the quality of error reporting and analysis could not be assessed. The SI gave his assurance that errors would be recorded according to the pharmacy's documented procedure.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were

immediately referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete. These were kept electronically. It kept running balances in all registers, including registers for methadone. But pharmacy team members did not regularly audit these against the physical stock quantity. The pharmacy kept a paper register of CDs returned by people for destruction. But the SI confirmed that the register was not up to date. And the pharmacy had received CDs from people that had not been entered into the register. The pharmacy maintained a responsible pharmacist record electronically. But there were several gaps in the record. These issues were discussed. And the SI gave his assurance that all records would be updated and properly maintained as soon as possible. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It segregated confidential waste which was collected for secure disposal. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some brief examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And there it displayed information in the pharmacy to help team members manage a concern, including numbers for local safeguarding contacts. The SI had completed training in 2021. But the pharmacy had not provided any recent training to other team members about how to properly handle a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some appropriate, ad-hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist (SI), one qualified dispenser, two trainee dispensers and a delivery driver. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. For example, team members had recently completed a module about antimicrobial stewardship. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A dispenser explained they would raise any learning needs verbally with any of the SI. And they felt they would be supported by being signposted to relevant reference sources or by discussion to help address their learning needs.

A pharmacy team member explained how they would raise professional concerns with the SI, who worked at the pharmacy regularly. They felt comfortable raising concerns. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. The pharmacy had a first floor which pharmacy team members used for storage. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always manage its medicines appropriately. Pharmacy team members do not follow the pharmacy's documented process for checking the expiry date on medicines. The pharmacy does not always keep its medicines in the original packs or store them appropriately. And it does not adequately prevent unauthorised access to some higher risk medicines. So, it may not be able to adequately ensure the safety of these medicines. The pharmacy sources its medicines from reputable suppliers. It has some processes to manage the risks associated with its services and the pharmacist provides advice for people taking high-risk medicines.

Inspector's evidence

The pharmacy had level access from the street. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment to help them access services. Pharmacy team members could speak Urdu, as well as English, to help communicate with people in the local community.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But this did not match the process being carried out by pharmacy team members. The procedure stated that team members should check for expired medicines every three months. The pharmacy did not have any records available of any expiry date checking being completed. Pharmacy team members explained they checked medicines every month. And highlighted short-dated medicines by attaching an elastic band around the packs. There was no evidence of any packs being highlighted as short-dated to help pharmacy team members remove them before they expired. After a search of the shelves, the inspector found three items that were out of date. The earliest of these items had expired in August 2021. The inspector found amber bottles on the shelves containing medicines that had been removed from their original packaging. The bottles were labelled with the name and strength of the contents. But the label did not contain information about the expiry date or the batch number of the medicine, or other key information. Some containers were found containing mixed batches of medicines. For example, a box of isosorbide mononitrate 10mg tablets was found containing several strips of the same medicine. But some of the strips had different batch numbers and expiry dates to those printed on the box. The pharmacy's shelves were generally untidy. And there were several loose blister strips on the shelves without an outer container. Some of these strips were also incomplete because the strips had been cut, which had removed the batch number and expiry date. So, pharmacy team members would not know if medicines were out of date or if they had been subject to a batch recall. Or if the medicines were still stable and safe to use.

The pharmacy supplied medicines in multi-compartment compliance packs to care and nursing homes. And to people in their own homes when requested. It attached backing sheets or labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included some descriptions of what the medicines looked like, so they could be identified in the packs. They provided homes with patient information leaflets about people's medicines every year. And provided leaflets when a medicine was newly prescribed. But they did not provide people in their own homes with leaflets regularly. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic medication record. Pharmacy team members signed the dispensed by

and checked by boxes on dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The SI counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He also checked if they were on a pregnancy prevention programme. But the pharmacy did not have stock of some of the printed information material to give to people to help them manage the risks. This was discussed and the SI gave his assurance that he would obtain the outstanding materials as soon as possible. The pharmacy delivered medicines to people. It recorded the deliveries made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. Pharmacy team members highlighted bags containing controlled drugs (CDs) to the driver. The driver explained he only handed CDs to the patient themselves. And he asked people to sign to confirm they had received their CD delivery.

The pharmacy obtained medicines from five licensed wholesalers. It stored medicines on shelves. And it kept medicines in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And out-of-date and patient returned CDs were segregated. The pharmacy did not adequately manage the security of all medicines to effectively prevent unauthorised access. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. They pharmacy used an electronic system to alert pharmacy team members about alerts and medicines recalls. Pharmacy team members used the system to record they had seen the recall. And to document any action they took in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had bags available to collect and segregate its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy fridge was in good working order. The pharmacy restricted access to all equipment.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.